

# Williamson County Advance Check Request

From: \_\_\_\_\_  
(Department Head/Elected Official)

To: David L. Coleman, Budget and Purchasing Director

**Check Requested:**

Payable To: \_\_\_\_\_  
(Vendor)

Check Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach documentation for request - - - Paid receipt or invoice  
must be returned to Accounting after goods or services received)

Account Cost Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Check Required: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Approval: \_\_\_\_\_  
(Department Head/Elected Official)

\_\_\_\_\_  
(Budget & Purchasing Director)